

Department of _____

Incident Investigation Report

Instructions: Immediately following an INCIDENT or near miss that could have resulted in harm, this form is to be completed by the following parties:

- **Part I** – To be filled out by the employee. If there was a witness to the incident, they must contribute their observations as well.
- **Part II** – To be filled out by the employee's immediate supervisor.
- **Part III** – To be completed by HR.
- **Part IV** – To be completed by the Safety Committee.

Please provide as much detail about the incident as possible. Information provided will be used by HR and the Department Safety Committee to make determinations about future training and work environment adjustments to improve the overall safety for agency personnel.

Part I - To be completed by the EMPLOYEE involved in the incident.

Name: _____ Employee ID: _____

Division: _____ Bureau: _____ Job Class: _____

Date of Incident _____ Time: _____ Location: _____

Was medical attention sought? ☐ Yes ☐ No ☐ N/A

Please describe the incident in detail (attach additional pages as necessary):

Was there a witness to the incident? ☐ Yes ☐ No If yes, name(s)? _____

If witnessed, please attach a witness summary to the back of this form with printed name, signature, and date.

Employee Signature Date

-Forward this form to your immediate supervisor to complete Part II-

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Part II – To be completed by the SUPERVISOR of the involved employee.

Supervisor Name: _____ Title: _____

Please provide any additional information about the incident (conditions, cause, etc.)

What recommendations do you have to reduce the likelihood of a similar future incident?

Supervisor Signature

Date

-Forward this form to HR to complete part III-

Part III – To be completed by HUMAN RESOURCES

HR Representative Name: _____ Title: _____

Was a First Report of Injury Completed? ☐ Yes: date _____ ☐ No

Provide any additional information relevant to this reported incident:

HR Representative Signature

Date

Forward this form to SAFETY COMMITTEE DESIGNEE to complete part IV-

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Part IV – To be completed by SAFETY COMMITTEE DESIGNEE

Safety Committee Designee Name: _____ Title: _____

Summary of Investigation:

Follow-up Recommendations? ☐ Yes ☐ No (If yes, complete section below)

Recommended Corrective Action:

Safety Committee Designee Signature

Completion Date

****Completed form to be kept on file with Safety Committee Designee and a copy with employee's personnel records in HR****